

In The Supreme Court of the United States

Shomari S. Daley  
vs

No. 18-6878

Maryland, et al.

Grounds of Substantial Effect!!

I, Shomari Salem Daley, am filing my Petition for Reconsideration, yet Again, with Respect to the United States Supreme Court.

The Grounds of Substantial Effect are as follows:

1) Without Justice from All the False Allegations, False Arrests, False Imprisonments, Psychological Humiliation, Lynching, and Torture Imposed Upon ME by the State of Maryland ~~and~~ I can't Expect to receive Happiness, PEACE, or Safety in this Nation from which I was Born.

2) Without Justice in the case matter stated above my Severe Mental illnesses are getting worse by the Day!! I have difficulty finding Hope and LOVE.

3) I am Under Constant Brutal Attacks by people with Authority that are purposely taking Actions to Threaten My Safety, Place my Life in Harm's Way, and Torture Me with Psychological Humiliation by Abusing their Authority!!! Please Do Your Jobs and Acknowledge the TRUTH. I have attached documents again to prove beyond a Reasonable Doubt that the State of Maryland is Guilty!!  
Shomari S. Daley Best Pro-Se Attorney in American History!!

104 Park Avenue  
Gaithersburg MD 20877

x Shomari S. Daley

202-297-  
2531



FEB 11 2019

January 2, 2019

Mr. Shomari Daley  
104 Park Ave #409  
Gaithersburg, MD 20877

Re: Required Notice to Move

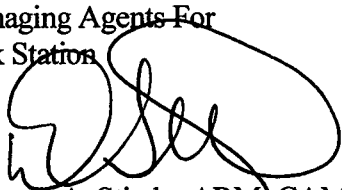
Dear Mr. Daley,

As per your request, this is documentation that Park Station will allow you to vacate the apartment located at 104 Park Ave #409 with a 30-day written notice to vacate with no penalties for terminating your lease.

If you have any questions regarding this letter please let me know.

Very truly yours,

THE DOLBEN COMPANY, INC.  
Managing Agents For  
Park Station



Deborah A. Stitely, ARM, CAM, CLP  
Property Manager

**RECEIVED**  
FEB 19 2019  
MONTGOMERY CO. DHHS  
INCOME SUPPORT-ROCKVILLE

# Richard S. Basile, P.A.

Attorney at Law  
6305 Ivy Lane, Suite 416  
Greenbelt, MD 20770  
(301) 441-4900 Fax: (301) 441-2404  
landtsuits@gmail.com

February 11, 2019

Shomari Salim Daley  
104 Park Avenue, Apt 409  
Gaithersburg, MD 20877

## **NOTICE TO VACATE/BREACH OF LEASE**

As Parker Hill, LLLP desires to have again and repossess the premises situated at 104 Park Avenue, Apartment 409, Gaithersburg, MD, which you now hold of us as tenant, we hereby give you notice to remove from and quit the same on **March 20, 2019**.

This notice to vacate is given pursuant to and for the reasons contained in your Parker Hill, LLLP Lease Agreement Contract:

### **20. PROHIBITED CONDUCT**

You and your occupants or guests may not engage in the following activities: behaving in a loud or obnoxious manner; disturbing or threatening the rights, comfort, health, safety, or convenience of others (including our agents and employees) in or near the apartment community; disrupting our business operations; manufacturing, delivering, possessing with intent to deliver, or otherwise possessing a controlled substance or drug paraphernalia; engaging in or threatening violence; possessing a weapon prohibited by the state law; discharging a firearm in the apartment community; displaying or possessing a gun, knife, or other weapon in the common area in a way that may alarm others; storing anything in closets having gas appliances; tampering with utilities

# RECEIVED

FEB 19 2019

MEMPHIS SUMMER OF JAZZ  
ECONOMY SUPPORT CENTER

Richard S. Basile, P.A.

Attorney at Law  
6305 Ivy Lane, Suite 416  
Greenbelt, MD 20770  
(301) 441-4900 Fax: (301) 441-2404  
[landtsuits@gmail.com](mailto:landtsuits@gmail.com)

February 7, 2019

Shomari Salim Daley  
104 Park Ave #409  
Gaithersburg, MD 20877

Re: Banning from Property/Grounds—Park Station Apartments

Dear Mr. Daley:

Please be advised that our office represents Dolben/Park Station Apartments.

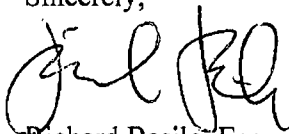
This letter is to warn you in the strongest possible terms that you are **banned effective immediately and prohibited from entering the Management/Leasing office for Park Station Apartments.**

This means you **are not allowed** to physically enter or be on the premises of Management/Leasing Office.

In the event that you have any business related questions regarding your apartment lease, maintenance requests, etc., you may send it to the property via email to [parkstation@dolben.com](mailto:parkstation@dolben.com) or call (301) 987-7600.

If you are found to enter the Management/Leasing Office, police will be called and you may be arrested and prosecuted. Please heed this warning and notice so that a criminal prosecution will not be necessary.

Sincerely,



Richard Basile, Esq.  
The Law Offices of Richard S. Basile

Service:

Via process server & Mailed USPS

or telecommunications; bringing hazardous materials into the apartment community; or injuring our reputation by making bad faith allegations against us to others.

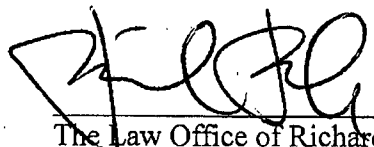
**Your breach of the covenants and conditions of your lease consists specifically of the following:**

- On February 8, 2019, you became very aggressive with the staff in the Leasing Office and threw coffee in the face of the Leasing Consultant.
- On December 19 and December 29, 2018, our office sent you formal notification of noise violations. The letters were sent as a direct result of multiple noise complaints received from your neighbors, specifically regarding your loud music playing during the day and night.

You are advised you have the right, within ten days to discuss the termination of your tenancy with Parker Hill, LLLP/Park Station Apartments. This ten day period will commence on the earlier of the date the notice was hand-delivered to the unit, or the day after the day this notice was mailed. If you request a meeting to discuss the termination of your tenancy, Parker Hill, LLLP/Park Station Apartments will discuss this termination with you.

If you fail to vacate the premises by **March 20, 2019**, the landlord may seek to enforce the termination only by bringing a judicial action, at which time the tenant may present a defense.

**"GENERAL INFORMATION AND ASSISTANCE REGARDING EVICTION ARE AVAILABLE FROM THE DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS."**



The Law Office of Richard S. Basile  
Richard S. Basile, Esq.  
6305 Ivy Lane, Suite 416  
Greenbelt, MD 20770  
(301) 441-4900  
Attorney for Parker Hill, LLLP



Barbara H. Meiklejohn

Clerk of the Circuit Court for Montgomery County, Maryland

50 Maryland Avenue  
Rockville, Maryland 20850-2397

November 27, 2018

TO: SHOMARI S DALEY  
104 PARK AVE  
GAITHERSBURG MD 20877

RE: FOULGER-PRATT RESIDENTIAL LLC vs SHOMARI S DALEY  
(836)

This letter is to inform you that on November 5, 2018, the Office of the Clerk of the Circuit Court for Montgomery County received the Original Record and Appeal from the District Court, and has filed it as case number 9872-D.

This Appeal will be heard de novo in the Circuit Court pursuant to Rule 7-112 of the Maryland Rules.

Sincerely,

Clerk of the Circuit Court  
for Montgomery County, Maryland

SHOMARI S DALEY  
104 PARK AVE  
GAITHERSBURG MD 20877

Fill out this form **ONLY** if you disagree with a decision concerning your benefits.  
If you disagree with the action of the local department, you are entitled to discuss it with a supervisor.  
We will help you fill out this form or you can ask for a hearing by calling 1-800-332-6347.

1. Tell us who you are. Fill in the blanks in this box and complete boxes 2-4. Please print clearly.

Name: Shomari Salim Daley Date of Birth: 12-15-1981

Address: 104 Park Avenue

City: Catthersburg State: MD Zip Code: 20877 Phone Number ( ) 202-297-2531

Your local office name: Piccard Drive Last 4 numbers of your Social Security Number 7546

2. Which programs do you want to appeal? (Check all that apply)

**Medical Assistance (MA)**

☐ Community MA  
☒ Long Term Care MA  
Your Representative's Name: N/A *Neglect*

☐ Maryland Children's Health Program (MCHP)  
Parent or Guardian's Name: \_\_\_\_\_  
☐ I receive other benefits  
☐ I do not receive any other benefits

☐ Qualified Medical Beneficiary (QMB/SLMB)

☒ Other Emotional Distress by self/Discrimination

**Family Investment/Social Services Programs**

☒ Temporary Cash Assistance (TCA)  
☒ Food Supplement Program (FS)  
☐ Child Care Subsidy (CCS)  
☒ Temporary Disability Assistance Program (TDAP)  
☐ Foster Care (FC) and/or Adoptions  
☒ Emergency Assistance (EA)  
☐ Public Assistance to Adults (PAA)  
☐ Overpayment of TCA  
☐ Over issuance of Food Supplement  
☒ Other Discrimination

3. What are the reasons you want a hearing?

☐ I was not allowed to apply.  
☐ My application was turned down.  
☒ My application was not handled properly.  
☒ I am not receiving the services that I need.  
☒ The amount of assistance I receive is wrong.  
☒ My assistance has been incorrectly suspended, reduced, or terminated.  
☒ I do not agree that I should pay back assistance I received.

If you received a notice about this, what is the date on the notice? \_\_\_\_\_

Why do you want a hearing? Please tell us what happened. Discrimination / Cruel & Unusual Treatment

4. I understand if I ask for a hearing within 10 days from the date of the notice and I was receiving benefits, I can still get them while I wait for my hearing unless my benefits period ends. I may have to pay back the benefits if I lose my appeal.

☐ Check here if you do not want benefits while you wait for your hearing.

Shomari Salim Daley 12-04-2018  
Signature Date

**FOR AGENCY USE ONLY**

Department: \_\_\_\_\_ Local Office: \_\_\_\_\_ Date Appeal Received: \_\_\_\_\_  
Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
Appeal based on notice sent: \_\_\_\_\_ Effective: \_\_\_\_\_ Conference held? Y \_\_\_\_\_ N \_\_\_\_\_  
Benefits pending? Y \_\_\_\_\_ N \_\_\_\_\_ Reason: \_\_\_\_\_  
Case record attached? Y \_\_\_\_\_ N \_\_\_\_\_ Reason: \_\_\_\_\_  
Worker: \_\_\_\_\_ Supervisor's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR APPEAL UNIT USE ONLY**

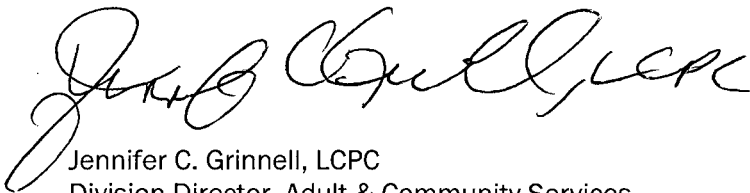
Appeal Rep: \_\_\_\_\_ Date: \_\_\_\_\_  
Category: \_\_\_\_\_ Transmitted by: \_\_\_\_\_

March 11, 2019

Mr. Shomari Daley,

I hope this letter finds you well. I wanted to inform you of two things. Evan Timberlake has accepted another position and is not working for EveryMind anymore. More importantly I wanted to notify you that your case, initially referred to the SSI/SSDI Outreach, Access & Recovery (SOAR) program on 09/21/2017 has been deferred at this time. Social Security stated that the threshold for documentation of a disabling condition; which must be characterized by a mental health diagnosis and associated symptoms material to the alleged impairments and documented by a licensed medical professional or treatment facility, has not been met. Going forward, if additional medical evidence becomes available and you believe your case may meet the guidelines for eligibility in the SOAR program, please feel free to contact Carmela George, the SOAR Lead for the Montgomery County area, at 240-777-4723 in order to evaluate your case for a new referral to services at that time. If you have any questions or concerns regarding this notice, you may contact me at the number listed below.

Sincerely,



Jennifer C. Grinnell, LCPC  
Division Director, Adult & Community Services  
EveryMind.  
301-424-0656 Ex. 520  
jgrinnell@every-mind.org





# MARYLAND LEGAL AID

*Advancing*  
Human Rights and  
Justice for All

## MONTGOMERY COUNTY OFFICE

John Marshall, Esq.  
Chief Attorney  
jmarshall@mdlab.org

Rhonda Serrano, Esq.  
Supervising Attorney  
rserrano@mdlab.org

600 Jefferson Plaza  
Suite 430  
Rockville, MD 20852

(240) 314-0373 (Main)  
(855) 880-9487 (Toll Free)  
(240) 314-0720 (Fax)

September 6, 2018

Shomani S. Daley  
#125 Georgia Ave.  
#1418  
Wheaton, MD 20902

MDLAB Case #18-0368106

Dear Mr. Daley:

This is to confirm our meeting today and that you requested this office to assist you in your upcoming case in Montgomery County Landlord-Tenant Court for failure to pay rent. Based upon our discussion, it is clear that you agree that the rent for August and September was not paid. You indicate that your rent had been paid entirely by the HIP program and therefore, you should not be responsible for HIP's failure to pay.

You also indicated that you had moved out of the apartment that is the subject of the suit and that HIP is paying your rent for a new one. I explained that we could not appear in court to argue, as you wished, that you are entitled to two apartments paid by taxpayer money. Accordingly, we decline to represent your interests in court on September 19, 2018.

We wish you the best of luck.

Very truly yours,

  
John Marshall

## EXECUTIVE STAFF

Wilhelm H. Joseph, Jr., Esq.  
Executive Director

C. Shawn Boehringer, Esq.  
Chief Counsel

Gustava E. Taler, Esq.  
Chief Operating Officer

Administrative Offices  
500 East Lexington Street  
Baltimore, Maryland 21202

(410) 951-7777  
(800) 999-8904 (Toll Free)  
(410) 951-7818 (Fax)  
www.mdlab.org

12.2017



LSC

United Way

Reference # 811  
137 454-1590

In The Circuit Court for Montgomery County Maryland

Shomari S. Daley  
VS

Notice of Intent

I, Shomari Salem Daley, Pro-Se with Disrespect to the Courts am Filing Another Notice of Intent !! Based on Results, The State of Maryland Refuses to Acknowledge The TRUTH about My LIFE and The FACTS that I present to Court. I have been given NO Respect, Dignity, PEACE, Happiness, or Justice Throughout My LIFE. I have Every Reason to believe that the State of Maryland is Conspiring to Torture ME My Whole LIFE with psychological Humiliation, False Allegations, False Arrests, False Imprisonments, and Imposing Outrageous Fines Upon ME. I being Denied assistance with Counsel when I'm in Constant Legal Battle with Cruel individuals with Power and Money. Without Justice I get NO PEACE !! The STATE of Maryland has and is Destroying My LIFE by Obstructing Justice !! I have two cases pending currently and if the State of Maryland Refuses to provide me with My Rights to DUE Process and Accommodations under the ADA, I will BE Filing a Complaint for 25,000,000,000,000.00 25 Trillion Against the State !! I am a Genius and the Best Pro-Se Attorney in History. Now Set ME FREE !! Liberty or Death

**RECEIVED**

FEB 19 2019

MONTGOMERY CO. DHHS  
INCOME SUPPORT-ROCKVILLE

# Rental Assistance & Office of Home Energy Programs Receipt

RAP-240-777-4400 / OHEP-240-777-4450 / FAX-240-777-4099

RAPOHEP@montgomerycountymd.gov

Name:

Shomari Daley  
(Applicant's Name: Last, First)

Social Security #:

215 27 7546

Worker:

Program:

☐ Rental Assistance (RAP)

☒ Housing Initiative Program (HIP)

☐ Handicapped Rental Assistance (HRAP)

☐ Home Energy Programs (MEAP/EUSP)

Documents Submitted: Check Appropriate Box and Attach Document (s) to the Form

☐ Application (s) - Check all that apply:

☐ Rental Assistance ☐ Pre-App

☐ Handicapped Rental Assistance

☐ Housing Initiative Program

☐ Home Energy Programs

☐ Photo ID

☐ Birth Certificate (s)

☐ Citizenship/Residency Status

☐ Disability Verification

☐ Day Care Voucher/Invoice

☐ Social Security Card (s)

☒ Utility Bills DISCONNECT

☒ Income Letter

☐ Rent Documents

☐ Home Ownership Verification

☐ Notes and Letters

☐ Medical Bills

☐ Assets / Bank Statements

☐ Tax Forms

☐ 1040

☐ W-2

☐ 1099

☐ Transcript

☒ Other LETTER TO VACATE

☒ Notes TDAP LETTER

HEARING LETTER

Date:

2/11/19

Time in:

4:11

Customer Signature / Print Name

T. T. 8/21/18

Signature - Department/Staff

White - Customer Copy

Yellow - Worker Copy

Pink - Receptionist Copy

# Rental Assistance & Office of Home Energy Programs Receipt

RAP-240-777-4400 / OHEP-240-777-4450 / FAX-240-777-4099

RAPOHEP@montgomerycountymd.gov

Name:

Daley Shomari  
(Applicant's Name: Last, First)

Social Security #:

215-27-7546

Worker:

N/A Neglect!!

Program:

☐ Rental Assistance (RAP)

☒ Housing Initiative Program (HIP)

☐ Handicapped Rental Assistance (HRAP)

☐ Home Energy Programs (MEAP/EUSP)

Documents Submitted: Check Appropriate Box and Attach Document (s) to the Form

☐ Application (s) - Check all that apply:

☐ Rental Assistance ☐ Pre-App

☐ Handicapped Rental Assistance

☐ Housing Initiative Program

☐ Home Energy Programs

☐ Photo ID

☐ Birth Certificate (s)

☐ Citizenship/Residency Status

☐ Disability Verification

☐ Day Care Voucher/Invoice

☐ Social Security Card (s)

☐ Utility Bills

☐ Income

☐ Rent Documents

☐ Home Ownership Verification

☐ Notes and Letters

☐ Medical Bills

☐ Assets / Bank Statements

☐ Tax Forms

☐ 1040

☐ W-2

☐ 1099

☐ Transcript

☒ Other Letter

☐ Notes

Date:

1-10-19

Time in:

1:46

Customer Signature / Print Name

Shomari Daley

Signature - Department Staff

White - Customer Copy

Yellow - Worker Copy

Pink - Receptionist Copy



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Marc Elrich  
*County Executive*

December 21, 2018

Victoria Buckland  
*Acting Director*

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED & VIA REGULAR MAIL**

Mr. Shomari Daley  
104 Park Ave, #409  
Gaithersburg, MD 20877

Dear Mr. Daley:

This letter will serve to notify you that an In-Person Case Review by the Housing Initiative Program has been scheduled for Thursday, January 10, 2019 at 3:00pm. The meeting will be held at the Department of Health and Human Services, 1301 Piccard Drive, 1<sup>st</sup> Floor, Rockville, MD 20850. You have the right to be assisted by legal counsel, a relative, a friend or other individual at this Hearing.

When you arrive for our In-Person Case Review, please report to the 1st Floor Receptionist and let them know you have an In-Person Case Review. If you need assistance when you arrive, please ask for Sharon Sierra, Contract Monitor, Housing Initiative Program, and she will escort you to the appropriate Conference Room scheduled for the Hearing.

Should you receive an unfavorable decision from the In-Person Case Review, you may appeal the decision by requesting an Administrative Review Hearing.

If you have any questions and/or concerns, please do not hesitate to contact, Kim Pendley at 240-777-4084.

Sincerely,

Kim Pendley, Program Manager  
Services to End and Prevent Homelessness

Cc: Family Services

Services to End and Prevent Homelessness

---

Rental Assistance Programs, 240-777-4400 • Home Energy Programs, 240-777-4450  
1301 Piccard Drive, 4<sup>th</sup> Floor • Rockville, Maryland 20850 • FAX 240-777-4099  
[www.montgomerycountymd.gov/hhs](http://www.montgomerycountymd.gov/hhs)

Requests for accommodation should be submitted to the court not less than thirty (30) days before the proceeding for which the accommodation is requested. Specific case-related questions (e.g. postponements) should not be made on this form.



☐ COURT OF APPEALS ☐ COURT OF SPECIAL APPEALS  
☒ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR Montgomery

Located at 50 Maryland Ave  
STATE OF MARYLAND

Court Address

Case No.

?? Plenty 99419C  
Maryland 106322C  
105825C

Shomari Salim Daley  
Plaintiff/Petitioner

vs.

Defendant/Respondent

### REQUEST FOR ACCOMMODATION FOR PERSON WITH DISABILITY

Requests for accommodation should be submitted to the court not less than thirty (30) days before the proceeding for which the accommodation is requested.

Name of person needing accommodation: Shomari Salim Daley

Name of person requesting accommodation (if different person): \_\_\_\_\_

Person needing accommodation is: ☒ Party ☐ Witness ☐ Juror ☐ Prospective Juror ☒ Attorney

☒ Victim ☐ Victim's Representative ☐ Other (Specify): \_\_\_\_\_

Applicant requests accommodation under Americans with Disabilities Act (ADA) as follows:

1. Type of court proceeding:  
☒ Criminal ☐ Civil ☐ Traffic ☐ Juvenile ☐ Family ☐ Other (Specify): \_\_\_\_\_

2. Hearing/Trial date (if any): \_\_\_\_\_ Time: \_\_\_\_\_

3. Nature of disability or impairment (specify): Mentally ill (Severe)

4. Type of accommodation(s) requested. Be specific. I need All of My cases in the past Expunged Immediately!! They are Defaming my character  
[Note - If requesting a sign language interpreter, specify type: American Sign Language interpreter (ASL), Certified Deaf Interpreter (CDI), or Communication Access Real Time Translation (CART). If requesting a spoken language interpreter, please use form CC-DC-041.]

5. Please provide any further information that may assist the court in providing a reasonable accommodation (specify): My case worker Gabe Santos at Progress Place is requesting me to clean my record.

☒ I request that this information be kept confidential to the extent allowed by law.

I certify that to the best of my knowledge this information is true and correct. I agree to provide medical documentation if required by the court.

11/16/17 Shomari Salim Daley  
Date Signature of Applicant/Applicant's Representative  
Shomari Salim Daley 202-297-2531  
Printed Name Telephone Number  
8106 Georgia Ave. Silver Spring, MD 20910  
Address City, State, Zip

Fax

E-mail

The clerk's office and the ADA Coordinator are available to provide further assistance.

☐ The request for accommodation is GRANTED; or ☒ The request for accommodation is DENIED.

☐ Alternate accommodation(s) GRANTED (specify): ☒ Applicant does not qualify under the ADA.

☐ It would fundamentally alter the nature of the service, program, or activity under the ADA.

☐ It would create an undue burden on the court under the ADA.

Request is denied -  
see attached letter  
11/22/17  
Date

Bethel Mae  
Judge/Administrative Official ID No.

If you disagree with this decision, you can file a Grievance. (Form CC-DC-050 is available for this purpose.)  
CC-DC-049 (Rev. 03/2016)

2017 NOV 16 PM 12:12

CLERK OF COURT  
CLERK'S OFFICE  
MONTGOMERY CO. MD

156



**ADMINISTRATIVE OFFICE OF THE COURT**  
CIRCUIT COURT FOR MONTGOMERY COUNTY MARYLAND  
50 MARYLAND AVENUE, ROOM 3040  
ROCKVILLE, MARYLAND 20850

JUDY K. RUPP  
COURT ADMINISTRATOR

TEL. (240) 777-9100  
FAX (240) 777-9104  
TTY (240) 777-9340

January 4, 2019

Shomari S. Daley  
104 Park Avenue  
Gaithersburg, MD 20877

Re: In the matter of Shomari S. Daley vs. Housing Initiative Program  
Case No. 458505-V

Dear Mr. Daley:

The Court has received your *Request for Accommodation for Person with Disability* under the Americans with Disabilities Act (ADA). The court has been notified that the nature of your disability is severe mental illness. You requested that you should not have to pay for copies or pay to communicate with opposing parties. You also requested that phone calls from the court be made to you regarding pending cases.

Unfortunately, your request is not within the scope of the Americans with Disabilities Act. If you have a specific request related to your case, it must be filed in the form of a motion and ruled on by the presiding judge.

If you are not satisfied with this decision and would like to file a formal grievance for the Maryland Judiciary's consideration, you may submit a grievance form located at <http://mdcourts.gov/courtforms/joint/ccdc050.pdf> as soon as possible, but no later than 120 calendar days to:

The Maryland Judiciary Human Resources Department  
ADA Officer  
580 Taylor Ave., A-1  
Annapolis, MD 21401  
Office: 410-260-3678 Maryland Relay: 711  
Fax: 410-260-1253  
[ada@mdcourts.gov](mailto:ada@mdcourts.gov)

Sincerely,

Beth Merawi  
Administrative Assistant/ADA Coordinator

Shomari Salim Daley

pg. 1 of 2

## Statement of Facts!!

I, Shomari Salim Daley, pro-se attorney am Filing a documentation today to provide to the PARK STATION management staff today about the Event and Actions Imposed Upon Me yesterday for NO Legitimate Reason.

Yesterday, Friday February 8th 2019, I attempted to speak to Mr. Jay Rusenko, Assistant Property Manager for 104 Park Avenue Gaithersburg MD 20877.

I attempted to discuss the Constant Distress from Pepco with a Notice of Termination for Non-Payment due to the Unprofessional and Inhuman Behavior by the Housing Initiative Program Manager Kim Pendley.

I have been having this issue from the moment I moved into my apartment here at 101 Park Ave by orders of Kim Pendley. I have been totally Honest with the Housing Staff Here where I reside about being Victimized at My last apartment due to the Lack of Respect given to me by Kim Pendley. I have provided Documentation of my Disability case and my doctor's note to prove that I am pursuing TRILLIONS in Life and currently in the Circuit Court of Montgomery County Against Kim Pendley!!

104 Park Avenue  
Gaithersburg MD. 20877

#409

x Shomari Salim Daley

**RECEIVED**

FEB 11 2019

In the

Shomari S. Daley

## Statement of Facts!!

On Friday January 25, 2019 at 3:20 pm or around, I was rudely Interrupted when speaking with Jay Rusenko by a Transsexual employee who has constantly Disrespecting ME due to the Hatred being Imposed Upon ME by the property manager here at Park Station, Gaithersburg MD. 20877. Deborah Stiteley has been Very Disrespectful towards me, UnEmpathetic, Dishonest, Cruel, Abusive,

And Heartless towards ME from the Very Beginning of my Lease Contract here at 104 Park Station Gaithersburg MD. 20877.

This IDOBEN employee and Debbie Stiteley witnessed me be threatened and attacked by this Transgender employee that I do NOT KNOW!! Jay Rusenko quickly called the Police and stated a LIE about my behavior in attempts to "Defamate My Character, Inflict Pain Upon ME by making FALSE Allegations, and Using His Authority to Persuade the Police that I was the aggressor in this situation. The Property Manager and Jay Rusenko have been making Every attempt to Persuade People to place My LIFE, Safety, and Freedom in Harm's Way!! They have been assisting him Pending to Obstruct Justice!!

104 Park Avenue

Gaithersburg MD. 20877

#409

(C) 202-297-2531

pg 2 of 2

RECEIVED

FEB 11 2019

MONTGOMERY CO. DHHS  
"COME SUPPORT 2019"





# Heart to Hand, Inc.

A heart that cares with hands to help!

Today, 06/27/17

Shomari So Daley

was tested for HIV using the \_\_\_\_\_ Rapid HIV-1/2 Antibody Test. The results of this was negative / positive.

Counselor's signature and date: \_\_\_\_\_

This test has been approved by the Centers for Disease Control and Prevention (CDC). The \_\_\_\_\_  
Rapid HIV -1/2 Antibody Test is a screening tool and cannot be used to diagnose HIV infection or the onset of AIDS.

## Interpretation of Test Results

### NEGATIVE:

A negative result means that the test is non-reactive. This means that the test did not find antibodies to HIV, the virus that causes AIDS, and that you are probably not infected with HIV.

In some instances, the test can be negative even if you are infected with HIV. This occurs within the first 3-6 months after infection, before your body has had a chance to form antibodies. If you have unprotected sexual contact or other potential exposure in the last 6 months, you should consider being tested again. Based on the information discussed with your counselor, you should be tested again in \_\_\_\_\_ months.

### PRELIMINARY POSITIVE:

A preliminary positive results occurs when the Rapid test is reactive. This indicates that in all probability, you are infected with HIV. However, a reactive result could also occur if you have another medical condition or illness that has produced antibodies that have a cross-reaction with the screening test.

9701 Apollo Drive Ste 400  
LARGO, MARYLAND 20774  
301/772-0103 office  
301/772-0105 fax